

PTO/SB/05 (03-01)

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Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

2302.003 Attorney Docket No. First Inventor Bassuk et al. Combined Horizontal and Vertical CPR Device

ELIO0100222011C

APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application cortents.  ADDRESS TO: So Assistant Commissioner for Palents See 37 CFR 1.27.  1.	Only for new nonprovision	nal applications under 37 CFR 1.53(b))	Express Mail Label No.   EUU1993339US			
See MPEP chapter 600 concerning utility, patient application contents.   See Transmittal Form (e.g., PTO/SB/17)   Fee	APPLICA	TION ELEMENTS	I ADDDCOO TO	tents		
Computer Program (Appendix)  Abdust an organization for the precursor of the program (Appendix)  Accomputer Program (Appendix)  See 37 CPR 1.27.  A See 37 CPR 1.27.	See MPEP chapter 600 concerning utility patent application contents.		· · · · · · · · · · · · · · · · ·	<u> </u>		
16.   Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(I), Applicant must attach form PTO/SB/35 or its equivalent. Other:   17.   Other:   Ot	Fee Transmittal F (Submit an original and a Applicant claims s See 37 CFR 1.27  Specification (preferred arrangemen - Descriptive title - Cross Reference - Statement Reg - Reference to se or a computer p - Background of - Brief Summary - Brief Descriptic - Detailed Descri - Claim(s) - Abstract of the  4.	orm (e.g., PTO/SB/17) duplicate for fee processing) mall entity status.  [Total Pages 10 ]  It set forth below) of the invention e to Related Applications arding Fed sponsored R & D equence listing, a table, program listing appendix the Invention of the Invention n of the Drawings (if filed) ption  Disclosure  S.C. 113) [Total Sheets 2 ]  [Total Pages 3 ]  Ited (original or copy) prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed)	Washington, DC 20231  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document( 10. 37 CFR 3.73(b) Statement (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	(s) 10/021180 (s) of IDs		
6. Application Data Sheet. See 37 CFR 1.76  17. Other:  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Data Sheet under 37 CFR 1.76:  Con	named in the prior application, see 37 CFR  16 Nonpublication Request under 35 U.S.C. 122					
or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of pnor application No.:  Prior application information:  Examiner Group Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS  Customer Number or Bar Code Label  Wilsert Customer No. or Attach has code label fine)  Or Correspondence address below  Name Michael A. Slavin, Esq.  McHale & Slavin, P.A.  4440 PGA Boulevard, Suite 402  City Palm Beach Gardens  State FL Zip Code 33410  Country USA Telephone 561-625-6575 Fax 561-625-6572  Name (Print/Type) Michael A. Slavin/ Registration No. (Attorney/Agent) 34,016	6. Application Data	Sheet. See 37 CFR 1.76		•		
Customer Number or Bar Code Label  Name  Michael A. Slavin, Esq.  McHale & Slavin, P.A.  Address  4440 PGA Boulevard, Suite 402  City  Palm Beach Gardens  Country  USA  Michael A. Slavin  Registration No. (Attorney/Agent)  Address  Registration No. (Attorney/Agent)  Address  Registration No. (Attorney/Agent)  Address  Registration No. (Attorney/Agent)	or in an Application Data Sheet under 37 CFR 1.76:  Continuation  Divisional  Continuation-in-part (CIP)  Of pnor application No.:  Prior application information:  Examiner  Group Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.					
Name Michael A. Slavin, Esq.  McHale & Slavin, P.A.  4440 PGA Boulevard, Suite 402  City Palm Beach Gardens State FL Zip Code 33410  Country USA / Telephone 561-625-6575 Fax 561-625-6572  Name (Print/Type) Michael A. Slavin / Registration No. (Attorney/Agent) 34,016		19. CORRESPONDE	NCE ADDRESS			
McHale & Slavin, P.A.  4440 PGA Boulevard, Suite 402  City Palm Beach Gardens State FL Zip Code 33410  Country USA // Telephone 561-625-6575 Fax 561-625-6572  Name (Print/Type) Michael A. Slavin // Registration No. (Attorney/Agent) 34,016	Customer Number or Bar C	ode Label [Insert Customer No. or Attach bar	or Correspondence address below			
Address         4440 PGA Boulevard, Suite 402           City         Palm Beach Gardens         State         FL         Zip Code         33410           Country         USA         // Telephone         561-625-6575         Fax         561-625-6572           Name (Print/Type)         Mickael A. Slavin//         Registration No. (Attorney/Agent)         34,016	Name	Michael A. Slavin, Esq.				
City Palm Beach Gardens State FL Zip Code 33410  Country USA // Telephone 561-625-6575 Fax 561-625-6572  Name (Print/Type) Michael A. Slavin // Registration No. (Attorney/Agent) 34,016		McHale & Slavin, P.A.				
Country USA // Telephone 561-625-6575 Fax 561-625-6572  Name (Print/Type) Michael A. Mayin // Registration No. (Attorney/Agent) 34,016	Address					
Name (Print/Type) Michael A. \$1avin// Registration No. (Attorney/Agent) 34,016	City	Palm Beach Gardens	State FL Zip Code 33410			
	Country	USA // Tele	phone 561-625-6575 Fax 561-625-	6572		
	Name (Print/Type)	Michael A. Slavin//	Registration No. (Attorney/Agent) 34,016			
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## FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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(\$)	370	.00

Complete if Known				
Application Number				
Filing Date	(Filed Herewith)			
First Named Inventor	Bassuk et al.			
Examiner Name				
Group Art Unit				
Attorney Docket No.	2302.003			

METHOD OF PAYMENT	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES	****		
Deposit 12,0400	Large Small			
Account Number 13-0439	Entity Entity Fee Fee Fee Fee Fee Pescription	Fee Paid		
Deposit	Code (\$) Code (\$)	ree Palo		
Account McHale & Slavin, P.A.	105 130 205 65 Surcharge - late filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
Applicant claims small entity status.	139 130 139 130 Non-English specification			
See 37 CFR 1.27  2. Payment Enclosed: NO FEE SUBMITTED	147 2,520 147 2,520 For filing a request for ex parte reexamination			
Check Credit card Money	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month			
Large Entity Small Entity	116 400 216 200 Extension for reply within second month			
Fee Fee Fee Fee Description	117 920 217 460 Extension for reply within third month			
104 710 004 070 111111 011	118 1,440 218 720 Extension for reply within fourth month			
101 740 201 370 Utility filling fee 370.00	128 1,960 228 980 Extension for reply within fifth month			
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal			
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal			
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing			
	138 1,510 138 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 370.00	140 110 240 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES Fee from	141 1,280 241 640 Petition to revive - unintentional			
Extra Claims below Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)			
Total Claims	143 460 243 230 Design issue fee			
Claims	144 620 244 310 Plant issue fee			
Multiple Dependent = 0	122 130 122 130 Petitions to the Commissioner			
Lavas Entites a U.S. (1)	123 50 123 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	11		
104 280 204 140 Multiple dependent claim, if not paid	149 740 249 370 For each additional invention to be			
109 84 209 42 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)			
and over original patent	169 900 169 900 Request for expedited examination			
SUBTOTAL (2) (\$) 370.00	of a design application  Other fee (specify)			
**or number previously paid, if greater; For Reissues, see apove	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)			
SUBMITTED BY	Complete (if applicable)			

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Registration No.

(Attorney/Agent)

34,016

Telephone

Date

561/625-6575

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Michael A

Name (Print/Type)

Signature